



Anesthesia Fee Schedule

Effective Dates of Service 1/1/2012 thru 12/31/2012

The procedure codes and fee schedule amounts in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to Offender Health Plan Coverage, exclusions, limitations, and pre-authorization requirements.

For detailed billing and coverage information, refer to the Department of Corrections (DOC) *Billing Instructions for Offsite Professional Providers, Facilities and Hospitals* and the *Offender Health Plan*.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

Visit the DOC web site at www.doc.wa.gov/business/healthcareproviders to download the latest versions of this fee schedule, and all other DOC publications mentioned in this document.

Policy and Pricing Information

Fee Schedule Updates

The Department of Corrections (DOC) anesthesia fee schedule update is scheduled to occur annually in January and will include updates to the DOC anesthesia conversion factor, anesthesia base units, and fees for pain management and other services.

Procedure Codes for Anesthesia Services

Anesthesia services must be billed with Current Procedural Terminology (CPT®) anesthesia codes 00100 through 01999. The DOC does not accept American Society of Anesthesiologists (ASA) RVG codes that are not included in CPT®. All anesthesia codes should be billed according to the descriptions published in CPT®. If there are differences in code descriptions between CPT® and ASA RVG, the CPT® descriptions will apply. This fee schedule does not contain CPT® code descriptions. For billing purposes refer to a current CPT® coding reference for complete code descriptions.

Some procedures commonly performed by anesthesiologists and CRNAs (such as E&M services and pain management procedures) are not reimbursed according to anesthesia base and time units but instead according to the resource based relative value scale (RBRVS). For payment consideration of these services providers must bill the appropriate CPT® surgery or medicine codes (with no anesthesia modifier). For payment rates for these services, refer to the DOC *Professional Provider Fee Schedule*.

Anesthesia Conversion Factor

The DOC conversion factor for reimbursement of anesthesia services is \$52.56 for dates of service on or after July 1, 2010 unless otherwise stated in your contract. The DOC conversion factor is based on a 15-minute unit payment system. Anesthesia services are reimbursed according to actual time units and anesthesia base units.

<p>DOC Anesthesia Conversion Factor: \$52.56 (\$3.504 per minute)</p>

Anesthesia Base Units

For the majority of the CPT® anesthesia codes, the current anesthesia bases in the DOC payment system are the same as the Centers for Medicare & Medicaid Services (CMS) 2012 anesthesia base units and the American Society of Anesthesiologists (ASA) 2012 anesthesia base units. For the CPT anesthesia codes where CMS and the ASA bases are different, the CMS anesthesia bases are used, with a few exceptions based on feedback from our State Agency Anesthesia Technical Advisory Group.

Anesthesia Time Units

DOC payment for anesthesia is based on a per minute reporting assumption. Providers must report the actual anesthesia minutes calculated to the next whole minute in the “units” field (24G) on the CMS 1500 claim form. The DOC will determine the base units from the procedure code billed.

Anesthesia Maximum Allowances

The following table illustrates how the DOC calculates the anesthesia maximum allowance:

Step	Maximum Allowance Calculation
1	Multiply anesthesia base units by 15
2	Add total billed minutes to value from step 1
3	Multiply total from step 2 by DOC's per minute conversion factor**

Sample Calculation: Provider billed 120 minutes for a procedure code with 5 base units

Step	Maximum Allowance Calculation	Sample Calculation
1	Multiply anesthesia base units by 15	$5 \times 15 = 75$
2	Add total billed minutes to value from step 1	$75 + 120 = 195$
3	Multiply total from step 2 by DOC's per minute conversion factor**	$195 \times \$3.504 = \mathbf{\$683.28}$

Billing Manuals and Other DOC Publications

Please refer to the DOC *Billing Instructions for Professional Providers, Facilities and Hospitals* for additional information and billing instructions.

Visit the DOC web site at <http://www.doc.wa.gov/business/healthcareproviders/default.asp> to download copies of all DOC publications mentioned in this document. If you have any questions, please call (360) 725-8298.

DOC Anesthesia Fee Schedule
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CODE	CMS Base Unit
00100	5
00102	6
00103	5
00104	4
00120	5
00124	4
00126	4
00140	5
00142	4
00144	6
00145	6
00147	4
00148	4
00160	5
00162	7
00164	4
00170	5
00172	6
00174	6
00176	7
00190	5
00192	7
00210	11
00211	10
00212	5
00214	9
00215	9
00216	15
00218	13
00220	10
00222	6
00300	5
00320	6
00322	3
00326	7
00350	10
00352	5
00400	3
00402	5
00404	5
00406	13
00410	4
00450	5
00452	6
00454	3
00470	6

CODE	CMS Base Unit
00472	10
00474	13
00500	15
00520	6
00522	4
00524	4
00528	8
00529	11
00530	4
00532	4
00534	7
00537	7
00539	18
00540	12
00541	15
00542	15
00546	15
00548	17
00550	10
00560	15
00561	25
00562	20
00563	25
00566	25
00567	18
00580	20
00600	10
00604	13
00620	10
00622	13
00625	13
00626	15
00630	8
00632	7
00634	10
00635	4
00640	3
00670	13
00700	4
00702	4
00730	5
00740	5
00750	4
00752	6
00754	7
00756	7

CODE	CMS Base Unit
00770	15
00790	7
00792	13
00794	8
00796	30
00797	11
00800	4
00802	5
00810	5
00820	5
00830	4
00832	6
00834	5
00836	6
00840	6
00842	4
00844	7
00846	8
00848	8
00851	6
00860	6
00862	7
00864	8
00865	7
00866	10
00868	10
00870	5
00872	7
00873	5
00880	15
00882	10
00902	5
00904	7
00906	4
00908	6
00910	3
00912	5
00914	5
00916	5
00918	5
00920	3
00921	3
00922	6
00924	4
00926	4
00928	6

CODE	CMS Base Unit
00930	4
00932	4
00934	6
00936	8
00938	4
00940	3
00942	4
00944	6
00948	4
00950	5
00952	4
01112	5
01120	6
01130	3
01140	15
01150	10
01160	4
01170	8
01173	12
01180	3
01190	4
01200	4
01202	4
01210	6
01212	10
01214	8
01215	10
01220	4
01230	6
01232	5
01234	8
01250	4
01260	3
01270	8
01272	4
01274	6
01320	4
01340	4
01360	5
01380	3
01382	3
01390	3
01392	4
01400	4
01402	7
01404	5
01420	3
01430	3
01432	6
01440	8

CODE	CMS Base Unit
01442	8
01444	8
01462	3
01464	3
01470	3
01472	5
01474	5
01480	3
01482	4
01484	4
01486	7
01490	3
01500	8
01502	6
01520	3
01522	5
01610	5
01620	4
01622	4
01630	5
01634	9
01636	15
01638	10
01650	6
01652	10
01654	8
01656	10
01670	4
01680	3
01682	4
01710	3
01712	5
01714	5
01716	5
01730	3
01732	3
01740	4
01742	5
01744	5
01756	6
01758	5
01760	7
01770	6
01772	6
01780	3
01782	4
01810	3
01820	3
01829	3
01830	3

CODE	CMS Base Unit
01832	6
01840	6
01842	6
01844	6
01850	3
01852	4
01860	3
01916	5
01920	7
01922	7
01924	5
01925	7
01926	8
01930	5
01931	7
01932	6
01933	7
01935	5
01936	5
01951	3
01952	5
01953	1
01958	5
01960	5
01961	7
01962	8
01963	8
01964	4
01965	4
01966	4
01967	5
01968	2
01969	5
01990	7
01991	3
01992	5
01995	5
01996	3
01999	0